

Central **CANCER** Registry

The Resource for Cancer Statistics.

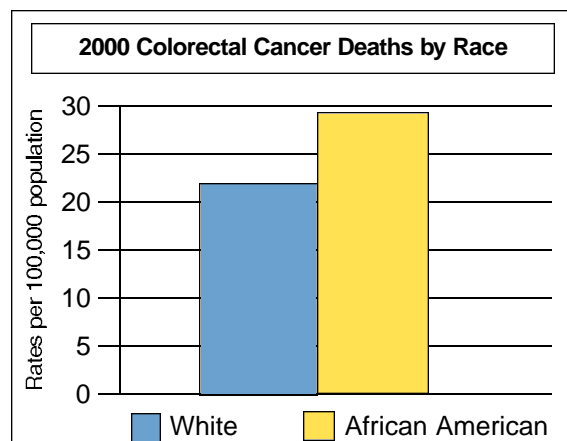
MISSISSIPPI STATE DEPARTMENT OF HEALTH

Colorectal Cancer in Mississippi

Colorectal Cancer in Mississippi

- Colorectal cancer is the second leading cause of cancer related deaths in the United States.
- 1,215 Mississippians were diagnosed with colorectal cancer in 1998. These figures indicate a slight increase from the previous years.
- In Mississippi, 51% of those diagnosed with colorectal cancer in 1998 were men and 49% were women.
- More African Americans die from colorectal cancer than whites.
- The American Cancer Society projects an Estimated Incidence Rate of 45.3 men and 35 women per 100,000 population will be newly diagnosed with colorectal cancer in the year 2002.
- The chances of developing colon cancer in a lifetime is 1 in 20.

*1998 data is estimated to be 85% complete.



Risk Factors Associated with Colorectal Cancer

Age—more common in adults over the age of 50.

Family History— A person's risk of colorectal cancer is doubled if a parent or sibling has colon cancer.

History of colorectal polyps— increase risk is associated with certain types of colorectal cancers.

Inflammatory bowel disease— such as ulcerative colitis or Crohn's disease.

Poor diet— A diet high in fat (particularly animal fat) is thought to be related to colorectal cancer.

Obesity— particularly in the waist area

Tobacco Use— Smokers are more likely than non-smokers to develop and die from colorectal cancer.

Special points of interest:

- Deaths from colorectal cancer are significantly higher in African Americans than whites in Mississippi. Reports indicate African Americans are diagnosed at later stages of cancer.

Symptoms

- Colorectal cancer begins as small growths and usually grow very slowly over several years. Early detection and treatment of growths and polyps is essential for preventing colorectal cancer.
- Any change in bowel habits such as diarrhea, constipation, or narrowing of the stool may be indications of colorectal cancer and should be checked out by a doctor.
- Rectal bleeding or blood in the stool.
- Abdominal Pain.

Finding and removing precancerous polyps and cancers is the key to saving lives.

Colorectal Cancer Screening Methods and Guidelines

Regular screening is recommended for all adults aged 50 or older. One or more of the following screening methods may be recommended by your doctor.

Fecal occult blood test is recommended every year. The fecal occult blood test (FOBT) is also known as a stool blood test.

Flexible sigmoidoscopy is recommended every 5 years. The test allows the physician to examine the lower colon and rectum by viewing it through a small thin tube and light that is inserted into the rectum.

OR

Total colon examination by **colonoscopy** may be recommended every 10 years. The preparation is very similar to the flexible sigmoidoscopy, however, the colonoscopy allows the doctor to view the entire colon. The colonoscopy is a longer tube and the patient may be asked to take a mild sedative to avoid any discomfort.

Double-contrast barium enema may be recommended every 5-10 years.

Prevention

Prevention measures to avoid colorectal cancer should include:

Eating a diet rich in vegetables, fiber, and fruits.

Exercise regularly.

Avoid excess weight.

Know your family cancer history.

Avoid use of tobacco.



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